

Readoption Review

State Birth Problems Registry 410 IAC 21-3-1

IC 4-22-2.5-3.1(c) requires an agency to conduct a review to consider whether there are alternative methods of achieving the purpose of the rule that are less costly or less intrusive, or that would minimize the economic impact of the proposed rule on small business.

Description of Rule:

The Indiana State Department of Health (ISDH) has the responsibility of reducing the number of birth problems in Indiana. In 1996, the Indiana General Assembly enacted IC 4-22-2.5, to establish automatic expiration of any rule in effect for more than seven years, and to create a streamlined method for readoption of such rules without change. On July 8, 2002, in accordance with IC 16-38-4, the ISDH adopted 410 IAC 21-3-1 to establish the Birth Problems Registry under IC 16-38-4. In accordance with IC 4-22-2.5, 410 IAC 21-3-1 must be readopted if it is to remain in effect.

Readoption Analysis:

1) Is there a continued need for this rule?

IC 16-38-4 requires the state department to establish a birth problems registry for the purpose of recording all cases of birth problems that occur in Indiana residents and compiling necessary and appropriate information concerning those cases, as determined by the state department, in order to conduct epidemiologic and environmental studies, to apply appropriate preventive and control measures, to inform parents of children with birth problems of appropriate care and programs, and to inform citizens of programs designed to prevent or reduce birth problems. This statute remains in effect so there is a continued need for 410 IAC 21-3-1, which requires hospitals and select professionals to report specific conditions to the Indiana Birth Defects and Problems Registry.

IC 16-37-1-11.5 requires the state department to charge a birth problems registry fee of two dollars (\$2) for each search of the records for a birth certificate in order to support the cost of the birth problems registry.

2) What is the nature of any complaints or comments received from the public, including small business, concerning the rule or the implementation of the rule by the agency?

Since the effective date of the rule, there have been no complaints or comments received from the public or small business concerning this rule or the implementation of this rule by the ISDH.

3) Examine the complexity of the rule, including difficulties encountered by the agency in administering the rule and small businesses in complying with the rule.

No complaints or comments have been received from small business about this rule or the implementation of it and the ISDH is not aware of any difficulties in administration of or compliance with this rule. It should be noted that the agency has no way of enforcing compliance to this rule, because birth defects diagnosed in a physician's office may not be identified through a hospital discharge. The rule is a three-page table that lists the birth problems and the persons required to report to the Birth Problems Registry. It is difficult to see how the rule could be made easier to understand or implement.

4) To what extent does the rule overlap, duplicate, or conflict with other federal, state, or local laws, rules, regulations, or ordinances?

This rule does not overlap, duplicate, or conflict with any other federal, state, or local laws, rules, regulations, or ordinances.

5) When was the last time the rule was reviewed under this section or otherwise evaluated by the agency, and the degree to which technology, economic conditions, or other factors have changed in the area affected by this rule since that time?

The rule was amended in 2006 to include audiologist reporting. Currently, a technology change is planned so that physicians can report to the IBDPR through the Health Data Center – Gateway, rather than via fax. This change is expected to be implemented by fall 2008. While economic conditions have changed, they do not directly impact the conditions that need to be reported or who should be reporting to the Birth Problems Registry.

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